

**FEE TRANSMITTAL**

Electronic Version v08

Stylesheet Version v08.0

| <b>Title of<br/>Invention</b>  | <b>X-RAY TUBE WINDOW AND SURROUNDING ENCLOSURE COOLING<br/>APPARATUSES</b> |                 |             |             |                    |                   |  |          |  |      |                        |    |                                    |    |     |  |  |  |  |  |  |
|--|--|-----------------|-------------|-------------|--------------------|-------------------|--|----------|--|------|------------------------|----|------------------------------------|----|-----|--|--|--|--|--|--|
| Application Number :   |  |                 |             |             |                    |                   |  |          |  |      |                        |    |                                    |    |     |  |  |  |  |  |  |
| Date :   |  |                 |             |             |                    |                   |  |          |  |      |                        |    |                                    |    |     |  |  |  |  |  |  |
| First Named Applicant:   | Madhusudhana T. Subraya  |                 |             |             |                    |                   |  |          |  |      |                        |    |                                    |    |     |  |  |  |  |  |  |
| Attorney Docket Number:  | GEMS 0234 PA   |                 |             |             |                    |                   |  |          |  |      |                        |    |                                    |    |     |  |  |  |  |  |  |
| <b>TOTAL FEE AUTHORIZED \$ 1402</b>  |  |                 |             |             |                    |                   |  |          |  |      |                        |    |                                    |    |     |  |  |  |  |  |  |
| Patent fees are subject to annual revisions on or about October 1st of each year.  |  |                 |             |             |                    |                   |  |          |  |      |                        |    |                                    |    |     |  |  |  |  |  |  |
| Filing as large entity   |  |                 |             |             |                    |                   |  |          |  |      |                        |    |                                    |    |     |  |  |  |  |  |  |
| <b>BASIC FILING FEE</b>  |  |                 |             |             |                    |                   |  |          |  |      |                        |    |                                    |    |     |  |  |  |  |  |  |
| <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>1001</td><td>770</td><td>770</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 770</td></tr></tbody></table>  | Fee Description  | Fee Code        | Amount \$   | Fee Paid \$ | Utility Filing Fee | 1001              | 770  | 770      | Subtotal For Basic Filing Fees: \$ 770 |      |                        |    |                                    |    |     |  |  |  |  |  |  |
| Fee Description  | Fee Code   | Amount \$       | Fee Paid \$ |             |                    |                   |  |          |  |      |                        |    |                                    |    |     |  |  |  |  |  |  |
| Utility Filing Fee   | 1001   | 770             | 770         |             |                    |                   |  |          |  |      |                        |    |                                    |    |     |  |  |  |  |  |  |
| Subtotal For Basic Filing Fees: \$ 770   |  |                 |             |             |                    |                   |  |          |  |      |                        |    |                                    |    |     |  |  |  |  |  |  |
| <b>EXTRA CLAIM FEES</b>  |  |                 |             |             |                    |                   |  |          |  |      |                        |    |                                    |    |     |  |  |  |  |  |  |
| <table border="1"><thead><tr><th>Fee Description</th><th>Extra Claims</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 29</td><td>9</td><td>1202</td><td>18</td><td>162</td></tr><tr><td>Independent Claims : 8</td><td>5</td><td>1201</td><td>86</td><td>430</td></tr><tr><td colspan="5">Subtotal For Extra Claims Fees: \$ 592</td></tr></tbody></table> | Fee Description  | Extra Claims    | Fee Code    | Amount \$   | Fee Paid \$        | Total Claims : 29 | 9  | 1202     | 18                                     | 162  | Independent Claims : 8 | 5  | 1201                               | 86 | 430 | Subtotal For Extra Claims Fees: \$ 592 |  |  |  |  |  |
| Fee Description  | Extra Claims   | Fee Code        | Amount \$   | Fee Paid \$ |                    |                   |  |          |  |      |                        |    |                                    |    |     |  |  |  |  |  |  |
| Total Claims : 29  | 9  | 1202            | 18          | 162         |                    |                   |  |          |  |      |                        |    |                                    |    |     |  |  |  |  |  |  |
| Independent Claims : 8   | 5  | 1201            | 86          | 430         |                    |                   |  |          |  |      |                        |    |                                    |    |     |  |  |  |  |  |  |
| Subtotal For Extra Claims Fees: \$ 592   |  |                 |             |             |                    |                   |  |          |  |      |                        |    |                                    |    |     |  |  |  |  |  |  |
| <b>ASSIGNMENT FEES</b>   |  |                 |             |             |                    |                   |  |          |  |      |                        |    |                                    |    |     |  |  |  |  |  |  |
| <table border="1"><thead><tr><th>Fee Description</th><th>Property Number</th><th>Quantity</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Recording Each Patent<br/>Assignment Per Property Fee</td><td>00000000</td><td>1</td><td>8021</td><td>40</td><td>40</td></tr><tr><td colspan="6">Subtotal For Additional Fees: \$40</td></tr></tbody></table>                   | Fee Description  | Property Number | Quantity    | Fee Code    | Amount \$          | Fee Paid \$       | Recording Each Patent<br>Assignment Per Property Fee | 00000000 | 1                                      | 8021 | 40                     | 40 | Subtotal For Additional Fees: \$40 |    |     |  |  |  |  |  |  |
| Fee Description  | Property Number  | Quantity        | Fee Code    | Amount \$   | Fee Paid \$        |                   |  |          |  |      |                        |    |                                    |    |     |  |  |  |  |  |  |
| Recording Each Patent<br>Assignment Per Property Fee   | 00000000   | 1               | 8021        | 40          | 40                 |                   |  |          |  |      |                        |    |                                    |    |     |  |  |  |  |  |  |
| Subtotal For Additional Fees: \$40   |  |                 |             |             |                    |                   |  |          |  |      |                        |    |                                    |    |     |  |  |  |  |  |  |
| <b>AUTHORIZED BILLING INFORMATION</b>  |  |                 |             |             |                    |                   |  |          |  |      |                        |    |                                    |    |     |  |  |  |  |  |  |
| <b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>  |  |                 |             |             |                    |                   |  |          |  |      |                        |    |                                    |    |     |  |  |  |  |  |  |
| Deposit account number:  | 070845   |                 |             |             |                    |                   |  |          |  |      |                        |    |                                    |    |     |  |  |  |  |  |  |
| Access Code  | ****   |                 |             |             |                    |                   |  |          |  |      |                        |    |                                    |    |     |  |  |  |  |  |  |
| Deposit name:  | GE Medical Systems Global Technology Company,<br>LLC                       |                 |             |             |                    |                   |  |          |  |      |                        |    |                                    |    |     |  |  |  |  |  |  |
| Deposit authorized name:   | Jeffrey J. Chapp   |                 |             |             |                    |                   |  |          |  |      |                        |    |                                    |    |     |  |  |  |  |  |  |

05/11/2004 BHABTEW 00000005 070845 10707369

01 FC:1202 1998.00 DA  
02 FC:1203 290.00 DA

Signature: /Jeffrey J. Chapp/

Date (YYYYMMDD): 2003-12-09

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.